

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000106572

FILED
Jan 19, 2007
Secretary of State

Entity Name: FAMILY MEDICINE ASSOCIATES OF THE GULF COAST, PLLC

Current Principal Place of Business:

8990 ORTEGA PARK DRIVE
NAVARRE, FL 32566 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6479
NAVARRE, FL 32566 US

New Mailing Address:

FEI Number: 11-3688608

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SVENDSEN, PAMELA J MD
8990 ORTEGA PARK DRIVE
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SVENDSEN, PAMELA J MD
Address: 8990 ORTEGA PARK DRIVE
City-St-Zip: NAVARRE, FL 32566 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PAMELA J. SVENDSEN

MGR

01/19/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date